



UNITED STATES DISTRICT COURT

for the

Middle District of FORSYTH

County Division

Case No.

18CV512

(to be filled in by the Clerk's Office)

TYRONE D. GLADDEN

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

CAPTAIN SETTLES

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS (Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

TYRONE GLADDEN

All other names by which
you have been known:

ID Number

127089

Current Institution
Address

201 N. CHURCH ST.

Winston Salem

City

NC

State

27101

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

CAPTAIN SETTLES

Job or Title (*if known*)

CAPTAIN

Shield Number

?

Employer

FORSYTH DETENTION CENTER

Address

201 N. CHURCH ST

Winston Salem

City

NC

State

27101

Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name

Job or Title (*if known*)

Shield Number

Employer

Address

City

State

Zip Code

☐ Individual capacity ☐ Official capacity

Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐

Federal officials (a *Bivens* claim)

☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th & 14th Amendment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed. *Captain Settles acted under pursuant to the custom of Forsyth County detention center because he has final authority.*

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner
☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

May 18th, 2018
June 2nd, 2018
after midnight
FORSYTH COUNTY DETENTION CENTER / May 25, 2018

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

D

On May 18th, 2018, May 25th, 2018, & June 2nd, 2018 each after midnight, I was given permission to use the law library in the multi purpose room to read & write in full restraints (Handcuffs connected to a waist chain, and leg irons). Captain Settles approved this situation because he has final authority. I have not broken any rules, nor have I caused any disruption towards anyone, I've been placed in admin segregation without due process.

This is a violation towards my 8th & 14th amendment. Captain Settles acted pursuant to the custom of the Forsyth County Detention Center. I'm suing Captain Settles in his official & individual capacity.

C. What date and approximate time did the events giving rise to your claim(s) occur?

June 2nd, 2018
May 18th, 2018
May 25, 2018 after midnight.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I had to read & write while in full restraints inside the jail multipurpose room.

Captain Settles approved of me being treated unfairly

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I sustained minor swelling from the handcuffs and leg shackles but I didn't need medical assistance.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I would like to be compensated for each month I've been in admin seg (\$50,000 a month) and for punitive damages at least \$500,000 for mental abuse

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Forsyth County Detention Center/jail

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Here at the jail.

Detention Services Bureau Inmate grievance form

2. What did you claim in your grievance?

That I've been placed in segregation without due process and deprived of my privileges

3. What was the result, if any?

Non Grievable

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

yes the process is completed - I wasn't given an option towards an appeal.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Exhibits are attached

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

- ☒ Yes
☐ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Tyrone Gladden

Defendant(s) Corporal Money

2. Court (if federal court, name the district; if state court, name the county and State)

Middle District

3. Docket or index number

1:18 cv 38

4. Name of Judge assigned to your case

L. Patrick Auld

5. Approximate date of filing lawsuit

1-19-2018

6. Is the case still pending?

- ☒ Yes
☐ No

If no, give the approximate date of disposition.

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

It was denied in part & Granted in part
toward a motion to dismiss

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: June 12, 2018

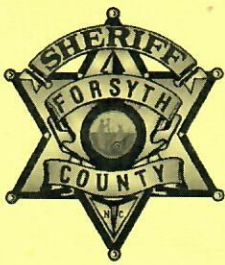
Signature of Plaintiff Tyrone Donte Gladden
Printed Name of Plaintiff TYRONE D. GLADDEN
Prison Identification # 127689
Prison Address 201 N. Church St
Winston Salem NC 27101
City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney _____
Printed Name of Attorney _____
Bar Number _____
Name of Law Firm _____
Address _____

City State Zip Code
Telephone Number _____
E-mail Address _____



OFFICE OF THE SHERIFF

FORSYTH COUNTY, NORTH CAROLINA

Sheriff William T. Schatzman



DETENTION SERVICES BUREAU

INMATE GRIEVANCE FORM

I was given this response on 5/30/18 will past my 5 days towards an appeal - No option towards an appeal

Date Received:	5-23-18
Log #:	18-001127
Category:	6/CLD

Inmate Name: Tyrone Gladden Booking #: 162484 Housing Location: 8E-11

Grievance: Why am I being deprived of due process when I haven't done anything to break policy rules? I would like to have access to the phone like other inmates here in this jail - Why have my privileges been taken?

(Additional space is provided on the back of this form, you may use additional paper if necessary.)

My proposed resolution is: To be treated as an equal like any other inmate that haven't broken any rules, and access to the phone like any other inmate

(Additional space is provided on the back of this form, you may use additional paper if necessary.)

Inmate Signature: Tyrone Gladden Booking #: 162484 Date: 5/22/18

☒ Non Grievable **NON GRIEVABLE**

☐ Grievance was rejected due to:

Step I Assigned to (Name/Date) K. Adams 5-23-18

Step II Assigned to (Name/Date) _____

Step III Assigned to (Name/Date) _____

Signature: K. Adams OSSI #: 1522 Date: 5-23-18
Grievance Officer

Step I Shift Commander/Section Head or Designee

Inmate housing is Non-grievable.

Signature: K. Adams OSSI #: 1522 Date: 5-23-18
Shift Commander/Section Head or Designee

☐ I accept the action proposed by the Shift Commander/Section Head or Designee

☒ I do not accept the proposed action because: I'm not questioning my housing. I'm speaking about my privileges and my rights to use the phone like any other inmate that don't have restrictions

Inmate Signature: Tyrone Gladden Booking #: 162484 Date: 5-30-18

If you do not accept a response, you must appeal within 5 days of the response date.

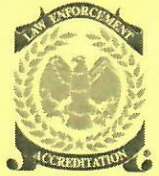
An Emergency Grievance may be given directly to the Housing Unit Officer who will forward the Grievance to the Shift Commander. An Emergency Grievance **may only** be filed when a matter in which disposition within the regular time limits would subject the inmate to a substantial risk of personal harm or injury, or remove the attainability of the requested action.



OFFICE OF THE SHERIFF

FORSYTH COUNTY, NORTH CAROLINA

Sheriff William T. Schatzman



DETENTION SERVICES BUREAU

INMATE GRIEVANCE FORM

*No option
towards an
appeal*

Date Received:	<u>6-11-18</u>
Log #:	<u>18-001260</u>
Category:	<u>6/CLS</u>

Inmate Name: Tyrone Gladden Booking #: 162484 Housing Location: 8E-11

Grievance: I've been placed in segregation without due process. I haven't broken any rules, nor have I caused problems towards anyone. I would like to know why I'm being discriminated against the use of my privileges

(Additional space is provided on the back of this form, you may use additional paper if necessary.)

My proposed resolution is: To be treated fairly like a pretrial detainee should be treated (Fair).

(Additional space is provided on the back of this form, you may use additional paper if necessary.)

Inmate Signature: Tyrone Gladden Booking #: 162484 Date: 6-6-18

☒ Non Grievable **NON GRIEVABLE**
☐ Grievance was rejected due to: _____

Step I Assigned to (Name/Date) K. Adams 6-11-18

Step II Assigned to (Name/Date) _____

Step III Assigned to (Name/Date) _____

Signature: K. Adams OSSI #: 1522 Date: 6-11-18
 Grievance Officer

Step I Shift Commander/Section Head or Designee
Inmate housing is Non-grievable.

Signature: K. Adams OSSI #: 1522 Date: 6-11-18
 Shift Commander/Section Head or Designee

☐ I accept the action proposed by the Shift Commander/Section Head or Designee

☐ I do not accept the proposed action because: _____

Inmate Signature: _____ Booking #: _____ Date: _____

If you do not accept a response, you must appeal within 5 days of the response date.

An Emergency Grievance may be given directly to the Housing Unit Officer who will forward the Grievance to the Shift Commander. An Emergency Grievance **may only** be filed when a matter in which disposition within the regular time limits would subject the inmate to a substantial risk of personal harm or injury, or remove the attainability of the requested action.